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Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 3909

<b>SERIAL NUMBER</b> 09/313,434	<b>FILING DATE</b> 05/17/1999 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 00786/432001
<b>APPLICANTS</b> DANIEL K. PODOLSKY, WELLESLEY HILLS, MA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/11/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 12
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 21559				
<b>TITLE</b> TREATING EYE DISORDERS USING INTESTINAL TREFOIL PROTEINS				
<b>FILING FEE RECEIVED</b> 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## APPLICANTS

DANIEL K. PODOLSKY, WELLESLEY HILLS, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 08/631,469 04/12/1996 PAT 6,221,840  
which is a CIP of 08/191,352 02/02/1994 ABN  
which is a CON of 08/037,741 03/25/1993 ABN  
which is a CON of 07/837,192 02/13/1992 ABN  
which is a CIP of 07/655,965 02/14/1991 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 06/11/1999

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

## ADDRESS

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CLARK & ELBING LLP  
101 FEDERAL STREET  
BOSTON, MA  
02110

## TITLE

TREATING EYE DISORDERS USING INTESTINAL TREFOIL PROTEINS

FILING FEE  RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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